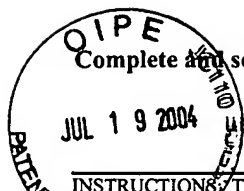


07-20-04
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Complete and send this form, together with applicable fee(s), to: **Mail**

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7590 06/01/2004

**Kenneth I Kohn
Kohn & Associates
30500 Northwestern Hwy
Suite 410
Farmington Hills, MI 48334**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Connie Herty	(Depositor's name)
<i>Connie Herty</i>	(Signature)
July 19, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/069,490	02/15/2002	Michael G Chaparian	1002.00009	3241

TITLE OF INVENTION: METHODS AND TARGETS OF ANTIBIOTIC RESISTANCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/01/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEARY, LOUISE N	1654	435-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Kohn & Associates, PLLC**
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OmniScience Pharmaceuticals, Inc. Worcester, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Advance Order - # of Copies 3

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-1449* (enclose an extra copy of this form).

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7-19-04

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07/21/2004 DEMMANU2 00000083 10069490

**01 FC:2501
02 FC:8001**

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